

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

INTERFED  
①

PLAINTIFF MABO MUANZA	COURT CASE NUMBER C 17-909 JSC
DEFENDANT CITY OF HERCULES, et al.	TYPE OF PROCESS Summons, Order and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SERVE AT City of Hercules ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	Mayor's Office, Civil Hall, 111 Civic Drive, Hercules, CA 94547

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 4
Law Office of Stanley Goff 15 Boardman Place San Francisco, CA 94103	Number of parties to be served in this case 2
	Check for service on U.S.A. <input checked="" type="checkbox"/> FILED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternative Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

JUL -3 2011

Fold

SUSAN Y. SOONG  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Signature of Attorney or Other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Heidi Reiss</i>	<input type="checkbox"/> DEFENDANT	(415) 522-2099	6/26/17

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>4</i>	District of Origin No. <i>M</i>	District to Serve No. <i>M</i>	Signature of Authorized USMS Deputy or Clerk <i>Sh</i>	Date <i>6/27/17</i>
---	---------------------------	------------------------------------	-----------------------------------	---	------------------------

I hereby certify and return that  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>LORI MARTIN CITY CLERK</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (complete only different than shown above)	Date <i>6/28/17</i>	Time <i>916</i>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>JL</i>			

Service Fee <i>65.00</i>	Total Mileage Charges including endeavors <i>00/00</i>	Forwarding Fee	Total Charges <i>65.00</i>	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund*) <i>\$0.00</i>
-----------------------------	---	----------------	-------------------------------	------------------	---

REMARKS:

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
-----------------	--	----------------------------

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

RECEIVED

PLAINTIFF <b>MABO MUANZA</b>	COURT CASE NUMBER <b>C 17-909 JSC</b>
DEFENDANT <b>CITY OF HERCULES, et al.</b>	TYPE OF PROCESS <b>Summons, Order and Complaint</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Hercules Police Officer Aaron Tan**  
**ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)**  
**Hercules City Hall, 111 Civic Drive, Hercules, CA 94547**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<b>Law Office of Stanley Goff 15 Boardman Place San Francisco, CA 94103</b>	<b>4</b>
	Number of parties to be served in this case
	<b>2</b>
	Check for service on U.S.A.

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE** (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

FILED

JUL -3 2017

*SUSAN Y. SOONG  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
6/26/17*

Signature of Attorney or Originator requesting service on behalf of:

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER  
**(415) 522-2099**

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
*(Sign only for USM 285 if more than one USM 285 is submitted)*

Total Process  
**4**  
 District of Origin  
 No. **11**

District to Serve  
 No. **11**

Signature of Authorized USMS Deputy or Clerk

Date

*6/27/17*

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

*COURTNEY CROFOOT*

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **6/28/17** Time **920**  am  pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
<b>65.00</b>	<b>13.50</b>		<b>78.50</b>		<b>\$0.00</b>

REMARKS:

- PRINT 5 COPIES:**
1. CLERK OF THE COURT
  2. USMS RECORD
  3. NOTICE OF SERVICE
  4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED